



FAMILY, CAREER AND COMMUNITY LEADERS OF AMERICA, INC.®
2010-2011 ADVISER RECOGNITION PROGRAM
Master Adviser Overview

AWARD

Master Adviser award recognizes advisers who have been successful in--

- advising an affiliated chapter for a minimum of three years;
- promoting the organization;
- operating a co-curricular chapter with a balanced program of work;
- facilitating youth-centered activities;
- keeping abreast of new happenings within the organization.

CRITERIA FOR EVALUATION

A. Chapter facilitation skills and accomplishments	50%
B. Promoting the organization	30%
C. Professional development	10%
D. Recommendations	10%

REQUIREMENTS

Candidates must successfully complete three years of advising to be eligible for recognition. Applicants in their third year of advising may apply.

APPLICATION PROCESS

The candidate should submit a typed application and the three required recommendations to the **state adviser by February 1**. This application may be submitted by the candidate or a nomination by another adviser, teacher educator, local family and consumer sciences supervisor, state adviser, professional colleague or FCCLA member. When nominating candidates, it is best to contact the nominee to obtain complete information.

REVIEW PROCESS

A committee appointed by the state adviser will evaluate each application. The review team may include a variety of individuals such as state officers, teacher educators, local family and consumer sciences supervisor, professional organization representatives or administrators. Applications and state summaries will be forwarded to national headquarters by April 1.

RECOGNITION

All recipients selected at the state level will be recognized at the National Leadership Conference. Recognition pins and certificates will be presented to recipients attending the meeting. Advisers unable to attend will receive their pins by mail following the meeting.



FCCLA ADVISER RECOGNITION PROGRAM
2010-2011 Master Adviser Application

INSTRUCTIONS

Type all information. Do not attach additional pages or materials except where noted. If you have too much information for the allotted space, select your best examples.

RETURN THE FOLLOWING TO YOUR STATE ADVISER BY **FEBRUARY 1**:

1. A completed copy of this Master Adviser Application.
2. One recommendation from each of the groups listed below is required. Photocopy the recommendation form provided, giving one copy to each individual.
 - FCCLA member
 - school administrator (principal, superintendent or vocational director)
 - person of candidate's choice (teacher educator, city supervisor, another teacher, etc.)

CANDIDATE INFORMATION

Name of Candidate _____

Chapter _____

School _____

Principal's Name _____

School Address _____

City/State/Zip _____

Home Address _____

City/State/Zip _____

Phone: School _____ Fax _____ Home _____

E-mail _____

Number of years teaching _____ Number of years advising _____

Courses taught: Comprehensive Occupational Number of Members in Chapter _____

Grade levels taught _____

Family and Consumer Sciences courses currently teaching _____

When FCCLA chapter meets (in class or outside of class) _____

A. CHAPTER FACILITATION SKILLS AND ACCOMPLISHMENTS (50%)

1. Describe how you introduce Family, Career and Community Leaders of America to your students.

2. Describe how projects are planned in your chapter.

3. List types of recognition offered to your chapter members.

Types of Recognition	Who Plans This Recognition	When Received

4. Briefly describe co-curricular chapter projects completed during the past three years of your chapter's program of work.

5. Size of family and consumer sciences program and FCCLA members during the past three years.

Year	Family and Consumer Sciences Enrollment	FCCLA Members

B. PROMOTING THE ORGANIZATION (30%)

1. *Candidates for office.* Note below the number of officer *candidates* you have sponsored for positions beyond the chapter level during your teaching career.

District* _____ State _____ National _____

2. *State and nationally sponsored meetings.* List the calendar you have attended any state or nationally sponsored meetings for the last three years.

District*	State	National

* District refers to district, region, parish or any other sub-state level.

3. Identify state and national publicity resources you have used in the last three years to promote the organization. (videos, posters, *Teen Times*, etc.)

4. Identify ways your chapter publicizes FCCLA in the community and school.

C. PROFESSIONAL DEVELOPMENT (10%)

Describe FCCLA leadership roles you have fulfilled beyond your local chapter, in-service training sessions and other professional development activities during your years as an adviser.

D. MASTER ADVISER RECOMMENDATION (10%)

Please photocopy the attached Master Adviser Recommendation Form and secure one of each the groups listed below. A total of three recommendations is recommended.

- FCCLA member
- School administrator (principal, superintendent or vocational director)
- Person of candidates choice (teacher educator, city supervisor, another teacher, etc.)



FCCLA ADVISER RECOGNITION PROGRAM
Master Adviser Recommendation

Applicant Instructions

Type your name in the blank below and send this form to three people who can evaluate your performance as an FCCLA Adviser. (See instructions on Master Adviser Application).

Evaluator Instructions

_____ is applying for recognition as a Master Adviser. Your assistance in evaluating this applicant will be appreciated.

Please read the information below and use the attached form to rate the candidate in these areas. Return this form to the candidate no later than **January 15**. Thank you for your recommendation.

A Master Adviser is one who has--

- completed or is completing three years of advising;
- communicated the opportunities of Family, Career and Community Leaders of America (local, state and national levels) to students in the family and consumer sciences program;
- publicized Family, Career and Community Leaders of America activities that promote a positive, up-to-date image of family and consumer sciences;
- advised a chapter that carries out a program of work that—
 - relates to the purposes of the organization;
 - includes curriculum-related projects, balanced by fund raising activities, membership promotion, social events, public relations events and business meetings;
 - includes local activities related to state and national projects (such as membership promotions, Families First, STAR Events, Power of One, Financial Fitness or Leaders at Work);
- includes opportunities for individualized, competitive and cooperative actions;
- helped members plan projects related to their own concerns;
- encouraged chapter activities relating to the scope of family and consumer sciences subjects being taught.



FCCLA ADVISER RECOGNITION PROGRAM
FCCLA Master Adviser Recommendation

Name of candidate _____

INSTRUCTIONS

Use this form to rate the candidate's advising skills, checking the appropriate rating. Return this form to the candidate no later than **January 15**.

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
1. Promotes FCCLA involvement to students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Develops a relevant program of work--			
• relates to family and consumer sciences education;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• develops a balanced program of work;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• involves students in state and national activities;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• includes cooperative, competitive and individualized activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Encourages youth-planned chapter projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Includes chapter projects representing the scope of family and consumer sciences subjects being taught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Publicizes Family, Career and Community Leaders of America.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Signature

Date

PERSON COMPLETING THIS FORM:

Name _____

Title _____

School _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

INDICATE YOUR POSITION:

FCCLA Member

School Administrator
(principal, superintendent or vocational director)

Person of candidate's choice (teacher educator, city supervisor, teacher, etc)